

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mr. G	8	7/3/00
O.I.P.E. CLASSIFIER		70017	5/9/00
FORMALTY REVIEW			5/14/00
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/9/02
2	✓	✓	4/7/04
3	✓	✓	12/3/04
4	✓	✓	6/2/05
5	✓	✓	12/1/05
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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